

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		3				
6		3				
7		3				
8		1				
9		1				
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50						
TOTAL IND.	4					
TOTAL DEP.		20				
TOTAL CLAIMS		24				

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						